

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 1:16

DOCUMENT # P97000081430

1. Corporation Name

SRK-FOX HILL, INC.

Principal Place of Business

Mailing Address

7947 YORKSHIRE CT.  
BOCA RATON FL 33496

7947 YORKSHIRE CT.  
BOCA RATON FL 33496



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

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2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/19/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0785701	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	RUDNICK, L. WILLIAM	7947 YORKSHIRE CT.	BOCA RATON FL 33496
D	SCHNIER, CHARLES	17030 BROOKWOOD DR.	BOCA RATON FL 33496
D	KIMMELMAN, KURT M	1048 PARK AVE	BOCA RATON FL 33486

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\*\*\*\*758.00 \*\*\*\*758.00

10/15

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RUDNICK, L. WILLIAM 7947 YORKSHIRE CT. BOCA RATON FL 33496		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 10-15-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 10-15-00 561-487-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)